**应 聘 登 记 表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | | |  | | | | | | 性别 | | | | | |  | | | | | | | ***一寸证件照*** | | |
| 民族 | | | |  | | | | | | 籍贯 | | | | | |  | | | | | | |
| 出生年月 | | | |  | | | | | | 出生地 | | | | | |  | | | | | | |
| 年龄 | | | |  | | | | | | 婚育状况 | | | | | |  | | | | | | |
| 身高 | | | |  | | | | | | 体重 | | | | | |  | | | | | | |
| 血型 | | | |  | | | | | | 政治面貌 | | | | | |  | | | | | | |
| 护照号 | | | |  | | | | | | 身份证号 | | | | | |  | | | | | | |
| 健康状况 | | | |  | | | | 户口性质 | | | | |  | | | | | | | 参加工作时间 | | | |  | |
| 本人联系电话 | | | |  | | | | 紧急联系人 | | | | |  | | | | | | | 紧急联系电话 | | | |  | |
| 户口所在地 | | | |  | | | | 现居住地址 | | | | |  | | | | | | | 邮编 | | | |  | |
| 专业技术职务资格、取得时间 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 学历  学位 | 全日制教育 | | | | 学历： | | | | | | | | 毕业院校系及专业 | | | | |  | | | | | | | |
| 学位 | | | | | | | |  | | | | | | | |
| 在职　教育 | | | | 学 | | | | | | | | 毕业院校系及专业 | | | | |  | | | | | | | |
| 学位： | | | | | | | |  | | | | | | | |
| 熟悉专业、有何专长 | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 现所在单位及现职务 | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 工作证明人及其所在岗位 | | | | | | | | |  | | | | | | 证明人联系方式 | | | | | | |  | | | |
| 主要家庭成员 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 隶属关系 | | | | | | | | 出生年月 | | | | | | 文化程度 | | | | 工作单位 | | | | |
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| 现受聘于本公司的亲友姓名 | | | | | | | | | | | 职位 | | | | | | | | | | 关系 | | | | |
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| 学习教育培训经历 | | （从中学学习开始，如有在职学习的经历，请注明） | | | | | | | | | | | | | | | | | | | | | | | |
| 工作经历由近到远 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 服务单位名称 | | | | 职位 | | | | 起止时间 | | | | 收入情况 | | 离职原因 | | | | | 直属上级  姓名/电话 | | | | | | 人事姓名/电话 |
|  | | | |  | | | |  | | | |  | |  | | | | |  | | | | | |  |
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| 主要成果及获奖情况 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 健康情况说明 | | | | | | | 是否已经接种新冠疫苗 否 □ 是□ 时间：  是否曾感染新冠病毒 否 □ 是□ 说明：  曾生重病或做过手术 否 □ 是□ 时间：  是否有精神方面的疾病 否 □ 是□ 说明： | | | | | | | | | | | | | | | | | | |
| 其他说明 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 应聘岗位 | | | | | |  | | | | | | | | | 希望工作地点 | | | | | | |  | | | |
| 到岗时间 | | | | | |  | | | | | | | | | 薪资要求（税前） | | | | | | |  | | | |

**本人郑重承诺以下填写的内容均真实、准确、有效，并可接受公司的工作背景调查核实，如填写内容不实属严重违纪，本人愿接受公司无条件解除劳动关系的处理。上述信息如有更改，本人会及时通知公司。**

**填表时间：　 　年　 月　 日 签名：**